



## **Nurse Practitioner Mentor Guideline NPAC-NZ**

### **Purpose**

To provide a framework for the mentorship of registered nurses to prepare for Nurse Practitioner (NP) registration from the Nursing Council of New Zealand. Mentorship may:

- Assist NP Applicant through each stage of NP preparation including describing and articulating their intended practice focus
- Provide a mechanism for role transition
- Assist NP Applicant to refine and develop their written application through the identification of gaps in evidence requiring further development
- Assist NP Applicant to prepare for the panel interview

### **Qualities required to be an effective Mentor**

- Understands advanced nursing practice and have a clear understanding of the NP role
- Understands the Nursing Council of New Zealand (NCNZ) competencies and the requirements that the NP Applicant requires to demonstrate each competency, for example:
  - it is imperative that the mentor understands the issues relating to health assessment, physical examination, diagnostic reasoning/critical decision making, laboratory tests, cultural safety in terms of NCNZ requirements
- Has a clear understanding of how a portfolio needs to be presented
- Understands the interview process

### **Mentoring Relationship**

The mentor relationship is one built on mutual trust whereby the NP Applicant and the mentor explore and reflect on the evidence to support the application.

The relationship is one of openness to listening, critical appraisal and learning with both parties committed to professional growth and development of nursing. Respect for each other's contribution is crucial to success.

## **Roles and responsibilities**

### **a) Roles of both Mentors and NP Applicants**

1. Complete the NP Applicant Mentoring agreement form (Appendix A)
2. Listen and respect each others' contribution
3. Be open to new ways of thinking and being
4. Maintain confidentiality
5. Declare any conflict of interest when issues are raised e.g. prior knowledge of a situation the NP Applicant raises for discussion
6. Be committed to professional growth
7. Establish and maintain achievable goals or expectations
8. Maintain regular agreed contact
9. Terminate meetings if expectations and goals are consistently not being met

### **b) Responsibilities**

#### ***Mentor***

- Provide critical and honest feedback written evidence and performance against competencies, including alerting the NP Applicant to concerns over the readiness of their application to NCNZ.
- Commit to provision of regular meetings as negotiated and agreed
- In collaboration with the NP Applicant, complete the NP Applicant assessment and development plan (Appendix B)
- Develop in collaboration with Registered Nurse a work plan to meet requirements of NP registration (Appendix C)
- Support NP Applicant throughout identified components of registration process, i.e. development of portfolio, preparation for panel interview
- Provide quarterly feedback to identified Nurse Leader who supports NP Applicant.
- Address patient safety issues if and as they arise. Reporting requirements under HPCA Act are adhered to.

#### ***The NP Applicant***

- Identify proposed area of practice~~Practice Focus~~ with justification and identification of population health need
- Commit to regular attendance at agreed meetings, prepare agendas for meetings, and to follow-up on agreed actions between discussions/meetings.
- Commit to and respect the mentor relationship and be open to both positive feedback and challenging critique.
- Commit to completion of agreed work plan

## **Phases or stages in the relationship**

### **Initiation**

Characterised by setting the ground rules, getting to know one another. During this phase there is generally greater reliance on the mentor.

- In collaboration with the NP Applicant, Mentor to complete the NP Applicant assessment and development plan
- In collaboration with the NP Applicant, Mentor determines a work plan that is agreed.

### **Working/developmental phase**

Characterised by mutual trust and sharing, interdependence and creative risk taking

- Assess progress of NP Applicant against work plan to meet requirements of NP registration
- Set agreed goals and activities

### **Termination**

Characterized by increasing independence, NP Applicants acts on own initiative, self evaluates and is ready to move on

## **Ground Rules**

1. It is the NP Applicant's responsibility regarding the success or failure of the application.
2. Expectations of the mentor and NP Applicant in the mentoring process are explored and agreed on initial contact and reviewed regularly.
3. The mentor assists with reflection and feedback. She/he does not hand hold in the development of the application. It may be that the mentor would recommend that the NP Applicant meet with others who may be better able to provide advice in certain areas of the application.
4. Discussion during meetings is confidential.

5. Mentors will keep a record of contacts, time involved and any key issues arising. Also, mentors will keep confidentially for their own use, a record of key points of discussion and action points/timeframes agreed and when the next contact will be as per Progress Record. The NP Applicant will keep this information also.
6. The NP Applicant is responsible for preparing an agenda of points requiring discussing as per their development plan, and may also add items they wish to address at each contact. The mentor may also identify developmental needs for the NP Applicant and add these to the agenda.
7. The NP Applicant needs to initiate the meetings and carry the costs of any telephone calls or meetings

### **Conflict resolution**

Should the mentoring relationship feel uncomfortable for any reason, it is essential that this is discussed together. If the situation does not improve then either party should not hesitate to say so and conclude mentor relationship.

### **Matching NP Applicant and Mentor**

- First point of contact will be the professional nursing organization. This is an initial screening call to identify specific mentoring needs. Only those who have accessed the NCNZ Nurse Practitioner documents and have commenced drafting their application will formally be provided with a mentor and enter the Nurse Practitioner Mentor Programme
- If an initial draft application is near completion, the available mentors and their profiles will be shared with the NP Applicant and information regarding the NPAC-NZ guidelines, or nursing organization specific Mentor guidelines will be discussed. Copies of profiles and Mentor Guidelines will be forwarded to the NP Applicant
- The NP Applicant will contact their nursing organization with the preferred mentor who will then discuss the NP Applicant with the preferred mentor and double-check their ability to proceed with mentoring the NP Applicant
- The NP Applicant will then be provided with contact details
- Each professional organisation will maintain a record of NP mentors and their current activity.

## **Definitions**

### Nurse Practitioner

Nurse Practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people's health needs. They provide a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whanau and communities across a range of settings. Nurse Practitioners may choose to prescribe medicines within their specific area of practice. Nurse Practitioners also demonstrate leadership as consultants, educators, managers and researchers and actively participate in professional activities, and in local and national policy development (Nursing Council of New Zealand, 2003).

### Mentor

Mentorship is not the same as preceptorship or clinical supervision, it is a specific role to support the nurse through their transition to NP registration. Mentors take a specific interest in assisting another individual nurse with their professional and career development over time.

For some people sessions maybe required on a regularly defined time, however, for many others they occur at different points in the process, for example, some people require an initial session to ensure they are on track and then don't require another session (maybe for several months) until they have completed specific tasks/papers. Another session might be required to look over the portfolio and identify gaps and areas that need strengthening. A later session might be focused on interview preparation.

### Preceptoring and clinical supervision

While the terms may be used interchangeably Mentoring is not the same as preceptoring or supervision. Preceptors act for their employers to assist a new employee or student to orientate and settle in to a new role while clinical supervision is aimed at providing nurses with support to critically reflect on their clinical practice.

## **Acknowledgements**

This guideline has been adapted by the NPAC-NZ Committee (2010) from the NZNO Mentor Guideline and the MidCentral Health Nurse Practitioner preparation guideline.



Appendix A

**Nurse Practitioner Applicant Mentoring Agreement**

Mentorship for NP applicants is a mechanism for role transition. Mentorship is not the same as preceptor ship or clinical supervision, and it is usually on a longer term basis. Mentors are chosen by the NP applicant rather than appointed by an outside agency.

This agreement is designed to minimise difficulties within mentoring partnerships,

- by defining boundaries and ground rules,
- agreeing on time commitments and time frames
- identifying goals of mentee

Agreement between .....NP Applicant/ *Mentee* and  
 .....*Mentor*

It is agreed that this is a voluntary relationship, where the Mentor will support the transition of NP Applicant to Nurse Practitioner registration by Nursing Council of New Zealand. The mentoring partnership will function according to the NPAC-NZ NP Applicant Mentor guideline :

Start date:..... End date (mutually negotiated and agreed).....

If the mentoring partnership breaks down due to unresolved conflict then the end date can be renegotiated.

Meeting times, dates, venues have been agreed as.....

It is understood the NP Applicant has ultimate responsibility for application to Nursing Council of New Zealand.

Confidentiality is agreed by both parties

Signed.....  
 Date.....

Signed.....  
 Date.....

References:

Hodges, B. (2009). Factors That Can Influence Mentorship Relationships. *Paediatric Nursing* 21(6).

New Zealand Nurses Organisation. (2008). NZNO Nurse Practitioner Mentor System.

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Mentor relationship terminated by Mentor/NP Applicant (delete one) Date.....

Signed .....Mentor, Signed ..... NP Applicant

**Appendix B**

# **Nurse Practitioner Applicant Assessment and Development Plan**

## **Nurse Practitioner Competencies Table of Contents to Portfolio**

<b>Indicators</b>	<b>Evidence Provided</b>	<b>Met</b>	<b>Action Required</b>
<b>DOMAIN ONE: PROFESSIONAL RESPONSIBILITY AND LEADERSHIP</b>			
Describes the nursing model/framework identifying the values and beliefs that underpin and guide practice.			
Defines area of nursing practice in relation to client/population group including activities of health promotion, maintenance and restoration of health, preventative care, rehabilitation and/or palliative care.			

Articulates a coherent and clearly defined nurse practitioner area of practice that is characterised by advanced practice, evidence based nursing knowledge and skills			
Demonstrates autonomous, interdependent and collaborative practice in relation to client care and within the health care team			
Engages in activities at a local systems level that promotes the positive contribution of nursing to health care delivery and health outcomes of population groups.			
Describes clinical decision making processes involved in response to actual and potential health needs and characteristics of the population group.			
Articulates an advanced level of knowledge and describe the evidence that underpins decision making			
Demonstrates an advanced level of critical thinking in practice			
Demonstrates ability to use advanced knowledge to effect equity of health outcomes			

**Competency 1.2 Demonstrates accountability for practice in relation to the population/client group and the parameters of practice within health care settings.**

Demonstrates advanced practice competencies within a specific area of practice that is autonomous and collaborative.			
Demonstrates timely referral and consultation when an issue is outside scope of practice or level of expertise/experience.			
Collaborates, initiates and leads to ensure practice is informed by ethical decision making.			
Demonstrates consideration of access and quality when making client care decisions.			
Initiates and leads professional development processes based on professional practice standards and legal and ethical guidelines.			
Collaborates, initiates and / or leads professional development processes based on peer supervision and review of currency and practice.			

**Competency 1.3 Demonstrates Nursing Leadership that positively influences the health outcomes of client/population group and the profession of nursing**

Takes leadership roles in complex situations across settings and disciplines.			
Considers the impact of the wider determinants of health including emerging health policy and findings and modifies practice accordingly.			
Promotes opportunities to achieve equity of health outcomes across the population group.			
Takes leadership roles in community and professional groups to achieve positive outcomes for client or population group.			
Shows leadership in professional activities such as research, scholarship and policy development.			

Demonstrates skilled mentoring, coaching and teaching of health care colleagues.			
Contributes to, and participates in, national and local health and socioeconomic policy development.			

<b>DOMAIN TWO: MANAGEMENT OF NURSING CARE</b>			
<b>Competency 2.1 Demonstrates advanced comprehensive client health assessment skills and diagnostic decision making relevant to specific area of practice</b>			
Demonstrates advanced clinical decision making processes to: <ul style="list-style-type: none"> <li>• Assess the client's health status.</li> <li>• Make differential, probable and definitive diagnosis.</li> <li>• Implement appropriate interventions based on a systematic decision making process.</li> <li>• Evaluate client response to care.</li> </ul>			
Orders and interprets diagnostic tests and makes decisions / interventions based on diagnostic information, current evidence and local practice information.			

Prioritises data collection and assessment processes in complex situations according to the client's immediate and/or ongoing needs.			
Consults and refers to other health professionals appropriately.			
<b>Competency 2.2 Demonstrates advanced practice in direct client care within a range of contexts and situations</b>			
Anticipates situations and acts appropriately to manage risk in complex client care situations.			
Demonstrates a creative, innovative approach to client care and nursing practice.			
Decision making is justified by extensive knowledge base and contextual data.			
Uses critical thinking to plan practice according to contextual factors.			
Identifies a clear process for consultation and collaboration with client and other health professionals.			

**Competency 2.3 Consistently involves client in decision making processes and uses client information to determine management strategies**

Actively explores the client's cultural preferences, health behaviours and attitudes regarding care and incorporates information into management plan.			
Actively explores client's ability to participate in care and incorporates information into management plan.			
Ensures client has access to, and understands relevant information and resources on which to make informed decisions regarding care.			
Documents client involvement in decision making.			

**Competency 2.4 Demonstrates confident and independent practice that is based on the synthesis of theory and practice knowledge from nursing and other disciplines**

Decision making is based on an advanced level of clinical judgement, scientific evidence, critical reasoning and client determined outcomes.			
Demonstrates an extensive knowledge base in specific area of practice and applies knowledge of biological, pharmacological and human sciences.			

Demonstrates advanced level skills and performance of interventions relevant to specific area of practice.			
Provides clinical leadership in the effective use of information technologies to support practice decisions.			
<b>Competency 2.5 Uses a formal approach to monitor and evaluate client responses to interventions</b>			
Provides a clinical leadership in evaluating client responses to interventions and directs the modification of the care plan accordingly.			
Systematically documents and communicates evaluation process and changes to management plan.			
Demonstrates evaluation processes that measure the efficacy of practice to client outcomes, population based outcomes and the health care environment.			

<b>DOMAIN THREE: INTERPERSONAL AND INTERPROFESSIONAL PRACTICE AND QUALITY IMPROVEMENT</b>			
<b>Competency 3.1 Establishes therapeutic relationships with client that recognise the client in context and respects</b>			
Actively assesses clients preferences and abilities and ensures clients have access to appropriate information on which to base decisions.			

Is proactive in meeting the cultural, social and developmental needs of clients.			
Demonstrates respect for differences in cultural, social and developmental responses to health and illness and incorporates health beliefs of the individual / community into assessments and plans of care.			
Promotes client's participation in health care decision making and self management of health needs.			
Advocates for client within the health care team and with relevant agencies in a timely and respectful manner.			
<b>Competency 3.2 Contributes to clinical collaboration that optimizes health outcomes for the client</b>			
Leads and collaborates with other health agencies/professionals to ensure timely access and smooth transition to quality services for client leads case reviews and debriefing activities			
Initiates change and responds proactively to changing systems			

Is an effective resource and consultant for interdisciplinary clinical staff and disseminates research findings.			
Acts as an agent to foster collaboration between members of all disciplines in the health care team to work towards			
<b>Competency 3.3 Actively involved in quality assurance activities that monitor and improve the quality of health area and the effectiveness of own practice</b>			
Demonstrates responsibility for quality of healthcare, risk management and effective resource utilization			
Critiques and develops clinical standards			
Influences purchasing and allocation of resources through use of evidence based findings			
Participates in regular formal professional supervision			

## DOMAIN FOUR: PRESCRIBING PRACTICE

**Note: Third party evidence must be from a registered prescriber in an appropriate scope of practice**

### ***Competency***

Understands the regulatory and legislative frameworks, contractual environment, subsidies, professional ethnics and role of key government agencies associated with prescribing			
Prescribes and administers medications within legislation, codes, scope and specific area of practice according to established prescribing processes and New Zealand guidelines			
Demonstrates accountability and responsibility in prescribing practices using evidence to make risk benefit assessments			
Collaborates, consults with and provide accurate information to the client and other health professionals about prescribing relevant interventions, appliances, treatments of medications.			
Demonstrates an understanding in the use, implications, contraindications and interactions of prescription medications and with any other medications			

Applies knowledge of age-related pharmacokinetic differences and the implications for prescriptive practice on clients within the specific area of practice			
Demonstrates an ability to limit and manage adverse reactions/emergencies/crisis			
Recognises situations of drug misuse, underuse and overuse and acts appropriately			
Monitors the effectiveness of the client's response to prescribing and is actively involved in pharmacovigilance and drug monitoring			

**Nurse practitioner Applicant:.....**

**Mentor:**

**Date: .....**

**Date Appraisal Due:...3 months from commencement then annually**

**Targeted Completion Date:.....**

## Nurse Practitioner Applicant Assessment

### Nurse Practitioner Competencies

Competency	Evidence	Met	Action Required
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Appendix C

**Nurse Practitioner Applicant Progress Record**

OVERALL OBJECTIVES

<b><u>OBJECTIVE</u></b>	<b>ACTION(S) REQUIRED</b>	<b>TIME FRAME</b>	<b>√ X (comments)</b>

**OBJECTIVES FOR NEXT 12 MONTHS**

<u>OBJECTIVE</u>	ACTION(S) REQUIRED	TIME FRAME	√ X (comments)

**REVIEWER SUMMARY OF OVERALL PERFORMANCE**

Signed:	Date:

**NURSE PRACTITIONER APPLICANT’S COMMENTS**

Signed:	Date:

